

LOUISIANA ONLINE PROCTOR FORM

Student's Licensed Legal Name: (Please PRINT clearly)	
Home Address:	
City, State, and Zip:	
Social Security Number:	
I am enrolled in:	
I affirm that the work submitted herein is my own work and that no one assisted me with the completion of this written examination.	
_____	_____
Signature of Student	Date

Proctor's Full Legal Name: (Please PRINT clearly)	
Profession/Title/Position:	
Institution/Company Name:	
Company Address:	
City, State, and Zip:	
Social Security Number:	E-mail:
Daytime Phone No.:	Fax No.:
Exam Site:	Exam Date:
<input type="checkbox"/> I affirm that to the best of my knowledge, the work submitted herein is the work of the above mentioned student. I have verified the student's identity by means of photo identification.	
<input type="checkbox"/> I affirm that I am a human resources or training department staff member; a member of senior management or immediate supervisor from the student's place of employment; a licensed librarian from a public, college, or university library; a professor or teaching faculty member at a local college or university; a clergyman; or a police officer. I also affirm that I am NOT RELATED to the student taking this exam.	
_____	_____
Signature of Proctor	Date

RETURN THIS ORIGINAL COPY TO FINANCIAL STRATEGIES

Mail or Fax to: 695 Pro-Med Ln. Carmel, IN 46032 Fax: 317-566-0601